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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Doing Business As
NACHRI

Number and street (or P O box if mail is not delivered to street address) | Room/suite
600 13TH STREET NW NO 500

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
51-0120256

E Telephone number
(202) 753-5500

G Gross receipts $ 26,858,188

F Name and address of principal officer
MARK WIETECHA
600 13TH STREET NW NO 500
WASHINGTON,DC 20005

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHILDRENSHOSPITALS NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1970

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES THROUGH SUPPORT OF CHILDREN'S HOSPITALS AND HEALTH SYSTEMS THAT ARE COMMITTED TO EXCELLENCE IN PROVIDING HEALTH CARE TO CHILDREN THIS IS ACCOMPLISHED THROUGH EDUCATION, RESEARCH, HEALTH PROMOTION AND ADVOCACY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	86
6	Total number of volunteers (estimate if necessary)	**6**	45
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	43,460
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	9,857

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	200,822	234,430
9	Program service revenue (Part VIII, line 2g)	18,325,596	17,637,288
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	694,106	1,460,236
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,314,318	2,569,332
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,534,842	21,901,286

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	175,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,661,936	10,221,816
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶279,419		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,995,796	6,768,328
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,657,732	17,165,144
19	Revenue less expenses Subtract line 18 from line 12	2,877,110	4,736,142

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,013,887	40,955,444
21	Total liabilities (Part X, line 26)	4,298,075	4,103,921
22	Net assets or fund balances Subtract line 21 from line 20	29,715,812	36,851,523

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-11-06
Signature of officer | Date

MARK WIETECHA PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH G KOSNETT				P00290720

Firm's name ▶ TATE AND TRYON | Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036 | Phone no (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES THROUGH SUPPORT OF CHILDREN'S HOSPITALS AND HEALTH SYSTEMS THAT ARE COMMITTED TO EXCELLENCE IN PROVIDING HEALTH CARE TO CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,360,133 including grants of $ 175,000) (Revenue $ 330,526)

PUBLIC AFFAIRS - NACHRI PROVIDES IMPORTANT INFORMATION AND LEARNING OPPORTUNITIES DESIGNED FOR THE PUBLIC AS WELL AS CHILDREN'S HOSPITALS AND OTHER HEALTH CARE PROVIDERS THAT ADVANCE THE PRACTICE OF MEDICINE AND HELP CONSUMERS MAKE INFORMED DECISIONS FOR HEALTH CARE PROFESSIONALS, NACHRI DELIVERS NETWORKING OPPORTUNITIES, BEST PRACTICES CASE STUDIES, AND COMMUNICATIONS TECHNICAL AND INDUSTRY ADVANCES IN THE FIELDS OF HOSPITAL PUBLIC RELATIONS, CHILDREN'S HEALTH ADVOCACY AND COMMUNITY HEALTH NACHRI COMMUNICATIONS VEHICLES INCLUDE THE QUARTERLY MAGAZINE, "CHILDREN'S HOSPITALS TODAY", NUMEROUS "HOW-TO" WEB AND CONFERENCE CALL PROGRAMS FOR HEALTH CARE PROFESSIONALS NACHRI STAFF ALSO MAKE FREQUENT VISITS TO MEMBER HOSPITALS, AND ARE ACTIVE IN COALITIONS ON MANY CHILDREN'S HEALTH ISSUES INCLUDING OBESITY, INJURY PREVENTION AND CHILD ABUSE TREATMENT AND PREVENTION NACHRI ACTIVELY DISTRIBUTES MATERIAL FROM THESE ALLIED ORGANIZATIONS SUCH AS KIDS COUNT IN THE FORM OF BOOKS, OTHER PRINTED MATERIAL AND VIDEOS NACHRI PROVIDES HEALTH CARE PROFESSIONALS AND THE PUBLIC WITH A RESOURCE OF INFORMATION ON CHILDREN'S HEALTH NEWS AND INFORMATION THROUGH THE NACHRI WEBSITE, WWW CHILDRENSHOSPITALS NET THE WEBSITE PROVIDES CURRENT DATA ON SUCH TOPICS AS CHILD ABUSE PREVENTION AND CHILD HEALTH MONTH, AND LINKS TO CHILDREN'S HOSPITALS AND OTHER RELATED WEBSITES DUE TO ITS MERGER WITH CHCA, NACHRI IS IN THE PROCESS OF INTEGRATING ITS DATA PROGRAM DELIVERABLES WITH THOSE OF CHCA IN ORDER TO COME UP WITH THE BEST OF BOTH ORGANIZATIONS AND OFFER BEST OF BREED PEDIATRIC COMPARATIVE DATA AND ANALYTICS FOR OUR MEMBERS THESE DATA PROGRAM INTEGRATION ACTIVITIES WILL TAKE PLACE IN 2013 AND CARRY OVER INTO 2014 FOR SOME DATA PROGRAMS

4b (Code) (Expenses $ 2,990,586 including grants of $) (Revenue $ 8,189,818)

COMPARATIVE PEDIATRIC DATA COLLECTION AND INFORMATION DISSSEMINATION - ONE OF NACHRI'S FOUNDING PURPOSES IS THE COLLECTION, DISSEMINATION AND APPLICATION OF INFORMATION ABOUT CHILDREN'S HEALTH AND HOSPITALS FOR THE PURPOSE OF IMPROVING CARE TO PEDIATRIC PATIENTS AND IMPROVING THE OPERATIONS OF CHILDREN'S HOSPITALS THE ASSOCIATION UNDERTAKES A NUMBER OF ACTIVITIES IN MEETING THIS STATED PURPOSE, INCLUDING ONGOING OPERATION OF SEVERAL COMPARATIVE DATA PROGRAMS AND THEIR RELATED SOFTWARE PRODUCTS, AS WELL AS SPECIALIZED (FOCUS) GROUP MEETINGS TO IMPROVE CLINICAL SERVICES AND PATIENT OUTCOMES THE APPLICATION OF OUR COMPARATIVE DATA PROGRAMS ASSISTS MEMBER HOSITALS WITH OPERATIONAL BENCHMARKING AND CLINICAL DECISION SUPPORT, AS WELL AS SERVING AS A SOURCE FOR HEALTH SERVICES RESEARCH AND POLICY MAKING ACTIVITIES IN SUPPORT OF ADVOCACY EFFORTS ON BEHALF OF CHILDREN'S HOSPITALS ONE OF NACHRI'S FLAGSHIP DATA PROGRAMS, THE CASE MIX PROGRAM, WAS SIGNIFICANTLY REDESIGNED IN 2013 THE DATA INFRASTRUCTURE WAS INTEGRATED WITH CHCA'S INFRASTRUCTURE TO IMPROVE DATA PROCESSING EFFICIENCES THE CASE MIX PROGRAM REPORTING SYSTEM NOW INCLUDES THE EXECUTIVE INSIGHT REPORT SERIES THESE NEW REPORTS ARE DESIGNED TO ASSIST HOSPITAL SENIOR LEADERS IDENTIFY OPPORTUNITIES TO IMPROVE LOS, READMISSIONS, AND MORTALITIES AS WELL AS TO BETTER UNDERSTAND THE HOSPITAL SERVICE LINES, CASE MIX INDEX AND COSTS PER CASE IN 2013 A NEW DATA PROGRAM REDESIGN NACHRI'S CLINICAL PRODUCTIVITY AND STAFFING PROGRAM (CPSP) AND TWO CHCA DATA PROGRAMS BEGAN THE REDESIGN EFFORTS ARE ANTICIPATED TO TAKE TWO YEARS WHEN COMPLETE A NEW DATA PROGRAM FOCUSED ON MANAGING AND IMPROVING CHILDREN'S HOSPITALS STAFFING AND COSTS WILL BE RELEASED NACHRI IS AN APPROVED PROVIDER FOR THE FOLLOWING FIVE JOINT COMMISSION ORYX(TM) CORE MEASURE SETS CHILDREN'S ASTHMA CORE (CAC) MEASURE SET, THE HOSPITAL BASED INPATIENT PSYCHIATRIC SERVICES CORE (HBIPS) MEASURE SET, THE PERINATAL CARE (PC) CORE MEASURE SET, THE IMMUNIZATION (IMM) CORE MEASURE SET AND THE EMERGENCY DEPARTMENT (ED) CORE MEASURE SET ALL OF THESE ORYX(TM) CORE MEASURE SETS ARE OFFERED THROUGH THE PEDIATRIC QUALITY MEASUREMENT SYSTEM (PQMS) PQMS CONTINUES TO BE THE LEADING CORE MEASURE PROVIDER FOR CHILDREN'S HOSPITALS

4c (Code) (Expenses $ 1,887,778 including grants of $) (Revenue $ 2,477,042)

NACHRI'S QUALITY PROGRAM SERVES TO IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE PROVIDED TO CHILDREN THROUGH THREE INTERRELATED AREAS (1) WORKING TO ENSURE THAT THE UNIQUE NEEDS OF CHILDREN ARE REPRESENTED IN NATIONAL GOVERNMENT AND NON-GOVERNMENTAL QUALITY INITIATIVES AND ENTITIES, (2) BUILDING AND COORDINATING EFFORTS TO EXPAND THE ABILITY TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN, (3) FACILITATING TRANSFORMATION OF CARE FOR CHILDREN THROUGH THE QUALITY TRANSFORMATION NETWORK ENSURING THAT CHILDREN ARE REPRESENTED IN NATIONAL QUALITY INITIATIVES NACHRI BRINGS THE VOICE OF CHILDREN TO NATIONAL STRATEGIC EFFORTS TO ADVANCE QUALITY (E G , THE NATIONAL QUALITY STRATEGY) THROUGH PARTICIPATION AND REPRESENTATION ON ENTITIES INCLUDING THE NATIONAL QUALITY FORUM, NATIONAL PRIORITIES PARTNERSHIP AND MEASURE APPLICATIONS PARTNERSHIP NACHRI WORKS WITH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES, SUCH AS THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), JOINT COMMISSION AND OTHERS, TO ADVANCE HIGH QUALITY AND SAFE HEALTH CARE FOR CHILDREN NACHRI PROVIDES ANALYTICAL SUPPORT TO ALLIED ORGANIZATIONS IN REVIEWING REGULATIONS AND LEGISLATION REGARDING QUALITY OF HEALTH CARE BUILDING AND COORDINATING EFFORTS TO EXPAND QUALITY MEASUREMENT THROUGH PARTICIPATION ON THE NATIONAL QUALITY FORUM, RELATIONSHIPS WITH GOVERNMENTAL AND NON-GOVERNMENTAL ENTITIES, AND EXPERTISE OF ITS MEMBER ORGANIZATIONS, NACHRI WORKS TO ADVANCE EFFORTS TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN EXAMPLES INCLUDE SUPPORT OF AHRQ-FUNDED CHIPRA PEDIATRIC QUALITY MEASUREMENT PROGRAM CENTERS OF EXCELLENCE AND DEVELOPMENT OF FRAMEWORKS TO IDENTIFY MEASURES ACROSS DOMAINS OF QUALITY AND SETTINGS OF CARE FOR CHILDREN THROUGH ITS DATA AND ANALYTICS SERVICES, NACHRI ALSO PROVIDES COMPARATIVE INFORMATION TO MEMBER HOSPITALS AND ASSESSES MEASURES AVAILABLE USING ADMINISTRATIVE DATA NACHRI QUALITY TRANSFORMATION NETWORK NACHRI CONTINUES TO DEVELOP AND EXPAND ITS QUALITY TRANSFORMATION NETWORK (QTN) AND DISSEMINATE THE RESULTS OF QTN PROGRAMS PRESENTLY THE NACHRI QTN RUNS THREE PROGRAMS (1) PEDIATRIC INTENSIVE CARE UNIT CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (PICU CLABSI), LAUNCHED IN 2006 WITH 28 HOSPITALS AND ADDED COHORTS IN 2008, 2009, 2011 AND 2012 CURRENTLY THERE ARE 56 ACTIVE UNITS FROM 44 HOSPITALS, IN ALL 76 HOSPITALS HAVE PARTICIPATED INFECTION RATES HAVE BEEN REDUCED 43% - 72% THE PROGRAM HAS SAVED 466 LIVES AND MORE THAN $135 MILLION (2) PEDIATRIC HEMATOLOGY/ONCOLOGY CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (HEMONC CLABSI) LAUNCHED IN 2009 WITH 28 HOSPITALS AND ADDED COHORTS IN 2011 AND 2012 CURRENTLY THERE ARE 71 ACTIVE UNITS FROM 34 HOSPITALS, IN ALL 40 HOSPITALS HAVE PARTICIPATED INFECTION RATES HAVE DECLINED 21% - 50% THE PROGRAM HAS SAVED 45 LIVES AND MORE THAN $13 MILLION THIS PROGRAM HAS EXPANDED TO CLABSI PREVENTION IN AMBULATORY SETTINGS (3) SCOPE (STANDARDIZED CARE TO IMPROVE OUTCOMES IN PEDIATRIC ESRD, WAS PREVIOUSLY CALLED PEDIATRIC NEPHROLOGY PERITONITIS AND EXIT SITE INFECTIONS PROGRAM) LAUNCHED IN 2011 AND CURRENTLY INCLUDES 28 ACTIVE HOSPITALS THIRTY HOSPITALS HAVE PARTICIPATED IN TOTAL THIS PROGRAM FOCUSES ON REDUCING INFECTIONS IN DIALYSIS PATIENTS IN AMBULATORY SETTINGS SCOPE HAS REDUCED PERITONITIS RATES 35% AND SAVED AN ESTIMATED $500,000 WORK WITH HEMODIALYSIS PATIENTS IS BEGINNING IN EARLY 2013 THE COMMON GOALS OF ALL QTN PROGRAMS ARE (A) TO DEVELOP AND TEST STRATEGIES TO REDUCE THE RATE OF HEALTHCARE-ASSOCIATED INFECTIONS IN CHILDREN (B) TO SPREAD ESTABLISHED IMPROVEMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE TO ALL HOSPITALS (C) TO PROVIDE A FORUM FOR PARTICIPATING PHYSICIANS TO FULFILL REQUIREMENTS SET FORTH BY THE AMERICAN BOARD OF PEDIATRICS FOR MAINTENANCE OF CERTIFICATION (D) TO DEVELOP A SUSTAINABLE MODEL FOR NATIONAL PEDIATRIC QUALITY TRANSFORMATION EFFORTS

(Code) (Expenses $ 1,246,533 including grants of $) (Revenue $ 6,642,752)

EDUCATION - THE ASSOCIATION HELD ITS NINTH ANNUAL CREATING CONNECTIONS CONFERENCE IN MARCH 2013, WITH TRACKS DIRECTED TOWARDS SPECIFIC DISCIPLINES RELATED TO PUBLIC HEALTH AND CHILD ADVOCACY, CHILDREN'S HOSPITALS WITHIN HOSPITALS OR SYSTEMS, PUBLIC RELATIONS AND COMMUNICATIONS, QUALITY IMPROVEMENT, AMUBLATORY CARE AND OUTPATIENT SERVICES AND PATIENT SAFETY, AND PHILANTHROPY THE PURPOSE OF THE CONFERENCE IS TO PROVIDE AN INTERDISCIPLINARY EDUCATIONAL PROGRAM AND VALUABLE NETWORKING OPPORTUNITIES TO CHILDREN'S HOSPITAL PROFESSIONALS AND LEADERS THE PROGRAM SUCCESSFULLY ATTRACTED OVER 500 MEMBERS, SPEAKERS, SPONSORS AND STAFF PRECONFERENCE PROGRAMS HELD PRIOR TO THE 2013 CREATING CONNECTIONS CONFERENCE INCLUDED TWO WORKSHOPS THE WORKSHOPS ENTITLED "A TALE OF TRANSPARENCY SHARING THE QUALITY STORY" AND "BUILDING AND SUSTAINING A CHILDREN'S HOSPITAL CORPORATE ALLIANCE DEVELOPMENT PROGRAM "IN OCTOBER 2013, THE ASSOCIATION CONDUCTED ITS ANNUAL CONFERENCE WITH THE MEETING THEME CONFRONTING UNCERTAINITY STRATEGIES THE CONFERENCE WAS DESIGNED TO MEET THE NEEDS OF CHIEF EXECUTIVE OFFICERS, HOSPITAL BOARD TRUSTEES, SENIOR MEDICAL LEADERS, PATIENT CARE EXECUTIVES, CHIEF OPERATING OFFICERS AND OTHER SENIOR CHILDREN'S HOSPITAL LEADERS THE CONFERENCE ATTRACTED OVER 570 INDIVIDUALS IN ATTENDANCE INCLUDING MEMBERS, SPEAKERS, SPONSORS AND STAFF SESSION TOPICS INCLUDED "PARTNERSHIP MODELS," "PATIENT POPULATION MANAGEMENT," "PAYMENT MODEL REFORM" AND "PHYSICIAN ALIGNMENT" IN ORDER TO RESPOND TO MEMBERS' MOST IMPORTANT ISSUES SO THAT THEY CAN CONTINUE THEIR MISSIONS TO SERVE CHILDREN

(Code) (Expenses $ 4,196,355 including grants of $) (Revenue $)

CLASSIFICATION RESEARCH - NACHRI'S ACTIVITIES IN THE AREA OF CLASSIFICATION RESEARCH ARE INTENDED TO ADVANCE THE DEVELOPMENT OF ACUTE HOSPITALIZATION CLASSIFICATION SYSTEMS AND POPULATION BASED CHRONIC DISEASE ORIENTED CLASSIFICATION SYSTEMS THEY ARE FOCUSED ON DEVELOPING ICD-9-CM/UB-04 (I E , ADMINISTRATIVE DATA) BASED SYSTEMS THAT ARE APPROPRIATE FOR CHILDREN AND USEFUL FOR CHARACTERIZING THEIR HEALTH CONDITIONS, SERVICE UTILIZATION, COSTS, AND TO THE EXTENT POSSIBLE, OUTCOMES OF CARE THEY ARE INTENDED TO BE USED BY CHILDREN'S HOSPITALS, BY NACHRI IN ITS COMPARATIVE REPORTING, BENCHMARKING AND POLICY ANALYSIS WORK, AND THROUGHOUT THE HEALTHCARE FIELD IN THE PAST YEAR, NACHRI CLASSIFICATION RESEARCH CONTRIBUTED TO THE RESEARCH FOR UPDATES AND IMPROVEMENTS TO THE ALL PATIENT REFINED DIAGNOSES RELATED GROUPS (APR-DRGS), AN ACUTE HOSPITALIZATION SYSTEM, THE POTENTIAL PREVENTABLE READMISSIONS (PPRS), ANOTHER ACUTE HOSPITALIZATION SYSTEM, AND THE CLINICAL RISK GROUPS (CRGS), A POPULATION BASED CHRONIC DISEASE ORIENTED SYSTEM CLASSIFICATION RESEARCH ALSO PROVIDED ONGOING TECHNICAL ASSISTANCE TO OTHER NACHRI PROGRAM AREAS AND DEVELOPED SEVERAL PUBLICATIONS INCLUDING "ROLE OF CHILDREN'S HOSPITALS IN THE PEDIATRIC SAFETY NET" AND "ISSUES FOR CHILDREN'S HOSPITALS IN DRG BASED PROSPECTIVE PAYMENT SYSTEMS"

4d Other program services (Describe in Schedule O)

(Expenses $ 5,442,888 including grants of $) (Revenue $ 6,642,752)

4e **Total program service expenses ▶** 13,681,385

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	52		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶CAROL CITRON DIRECTOR OF FINANCE 600 13TH STREET NW NO 500
WASHINGTON,DC 20005 (202)753-5330

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER J DUROVICH CHAIR	1 00 1 00	X		X				0	0	0
(2) JAMES E SHMERLING DHA FACHE VICE CHAIR	1 00 1 00	X		X				0	0	0
(3) HERMAN B GRAY MD MBA FAAP SECRETARY	1 00 1 00	X		X				0	0	0
(4) AMY B MANSUE TREASURER	1 00 1 00	X		X				0	0	0
(5) STEVE J ALLEN MD MEMBER	1 00 1 00	X						0	0	0
(6) CHRISTOPHER G DAWES MEMBER	1 00 1 00	X						0	0	0
(7) MARCY DODERER FACHE MEMBER	1 00 1 00	X						0	0	0
(8) THOMAS KMETZ MEMBER	1 00 1 00	X						0	0	0
(9) JAMES MANDELL MD MEMBER	1 00 1 00	X						0	0	0
(10) PEGGY TROY RN MSN MEMBER	1 00 1 00	X						0	0	0
(11) KAREN R WOLFSON MEMBER	1 00 1 00	X						0	0	0
(12) STEVE WORLEY MEMBER	1 00 1 00	X						0	0	0
(13) MARK WIETECHA PRESIDENT & CEO/EX-OFFICIO	10 00 30 00	X		X				207,469	622,404	152,856
(14) CAROL CITRON DIRECTOR, FINANCE	38 00 2 00			X				184,732	9,723	17,318
(15) AMY KNIGHT SR VICE PRESIDENT	18 00 22 00				X			226,860	277,275	43,247
(16) JOHN MULDOON VP (FORMER KEY) SENIOR FEL	40 00 0 00					X		259,281	0	36,201
(17) ELLEN SCHWALENSTOCKER SENIOR FELLOW	40 00 0 00					X		188,808	0	14,555

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GILLIAN RAY VP, EXTERNAL AFFAIRS	40 00 0 00					X		188,245	0	36,459
(19) DONNA SHELTON VP, RESEARCH	40 00 0 00					X		172,766	0	21,648
(20) CURTIS FISHER DIRECTOR, WEB APPLICATIONS	40 00 0 00					X		154,206	0	11,295
(21) LAWRENCE MCANDREWS FORMER PRESIDENT & CEO	0 00 0 00						X	471,101	0	68,770
(22) MARY GORMAN FORMER SR VICE PRESIDENT	0 00 0 00						X	333,553	0	0
(23) MARK RILEY FORMER VP, HUMAN RESOURCES	0 00 0 00						X	226,208	0	2,500
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,613,229	909,402	404,849

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 29

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DOBSON DAVANZO & ASSOCIATES LLC 450 MAPLE AVENUE EAST SUITE 303 VIENNA VA 22180	DATA ANALYSIS	283,329
QUANTROS 475 SYCAMORE DR MILPITAS CA 95035	DATA ANALYSIS	268,525
TRUVEN HEALTH ANALYTICS INC 39353 TREASURY CENTER CHICAGO IL 60694	DATABASE ADMINISTRATOR	265,989
JOHNS HOPKINS UNIVERSITY 200 N WOLFE ST BALTIMORE MD 21287	RESEARCH CONSULTANT	236,292
NAVIGATION ARTS 7901 JONES BRANCH DR MCLEAN VA 22102	WEBSITE DESIGN	223,499

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	39,983			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	194,447			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		234,430			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	8,811,201	8,811,201		
	b	PROJECT PARTICIPATION FEES	900099	3,989,492	3,989,492		
	c	REIMBURSED EXPENSES	900099	3,432,228	3,432,228		
	d	MEETINGS AND CONFERENCE	900099	1,347,927	1,347,927		
	e	ADVERTISING	541800	43,460		43,460	
	f	All other program service revenue		12,980	12,980		
	g	**Total.** Add lines 2a–2f . . . . . ▶		17,637,288			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		856,178			856,178
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		2,558,210			2,558,210
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,560,960				
	b	Less cost or other basis and sales expenses	4,956,902				
	c	Gain or (loss)	604,058				
	d	Net gain or (loss) . . . . . ▶		604,058			604,058
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	11,122	2,850		8,272
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		11,122			
	12	**Total revenue.** See Instructions . . . . . ▶		21,901,286	17,596,678	43,460	4,026,718

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	175,000	175,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	980,064	690,091	272,431	17,542
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,354,025	5,419,117	1,796,884	138,024
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	520,714	10,880	509,834	
9 Other employee benefits	834,945	1,512,223	-716,144	38,866
10 Payroll taxes	532,068		532,068	
11 Fees for services (non-employees)				
a Management				
b Legal	121,534	1,920	119,614	
c Accounting	36,541		36,541	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	64,394		64,394	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,317,075	1,919,281	397,794	
12 Advertising and promotion	10,384	10,384		
13 Office expenses	289,990	108,882	179,578	1,530
14 Information technology	529,413	244,718	284,462	233
15 Royalties . .				
16 Occupancy	757,930	607,419	150,511	
17 Travel	404,641	255,397	140,136	9,108
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,017,453	889,325	115,483	12,645
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	652,830		652,830	
23 Insurance	53,321		53,321	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBI TAX	1,479		1,479	
b EQUIP RENT AND MAINT	259,732	109,549	147,676	2,507
c PROFESSIONAL DEVELOPMEN	121,417	53,266	9,744	58,407
d OVERHEAD ALLOCATIONS	57,779	1,638,729	-1,580,950	
e All other expenses	72,415	35,204	36,654	557
25 **Total functional expenses.** Add lines 1 through 24e	17,165,144	13,681,385	3,204,340	279,419
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		200	1	200
	2	Savings and temporary cash investments		3,852,685	2	7,895,184
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		969,931	4	733,966
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		372,677	9	407,318
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,190,858			
	b	Less accumulated depreciation	10b 8,254,379	3,918,642	10c	3,936,479
	11	Investments—publicly traded securities		22,555,259	11	25,472,748
	12	Investments—other securities See Part IV, line 11		2,114,870	12	1,635,810
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		229,623	15	873,739
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,013,887	16	40,955,444
Liabilities	17	Accounts payable and accrued expenses		2,899,706	17	2,610,910
	18	Grants payable			18	
	19	Deferred revenue		272,780	19	186,608
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,125,589	25	1,306,403
	26	**Total liabilities.** Add lines 17 through 25		4,298,075	26	4,103,921
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		29,715,812	27	36,851,523
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		29,715,812	33	36,851,523
	34	Total liabilities and net assets/fund balances		34,013,887	34	40,955,444

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,901,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,165,144
3	Revenue less expenses Subtract line 2 from line 1	3	4,736,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,715,812
5	Net unrealized gains (losses) on investments	5	2,513,867
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-114,298
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,851,523

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	113,500	130,000	140,000	200,822	234,430	818,752
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,365,831	16,758,372	9,061,934	18,278,116	17,593,828	78,058,081
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	16,479,331	16,888,372	9,201,934	18,478,938	17,828,258	78,876,833
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,924,670	2,857,560	1,394,020	2,634,086	3,432,228	13,242,564
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	2,924,670	2,857,560	1,394,020	2,634,086	3,432,228	13,242,564
8 **Public support** (Subtract line 7c from line 6)						65,634,269

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	16,479,331	16,888,372	9,201,934	18,478,938	17,828,258	78,876,833
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,204,332	2,718,157	1,128,758	2,995,552	3,414,388	12,461,187
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,204,332	2,718,157	1,128,758	2,995,552	3,414,388	12,461,187
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,488	20,133	9,184	3,802	10,594	48,201
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9,508	5,395	32,228	10,168	11,122	68,421
13 **Total support.** (Add lines 9, 10c, 11, and 12)	18,697,659	19,632,057	10,372,104	21,488,460	21,264,362	91,454,642

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	71 770 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	72 230 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	13 630 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	12 880 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III	EFFECTIVE JULY 1, 2011, THE ASSOCIATION CHANGED ITS ACCOUNTING PERIOD AS A RESULT OF A MERGER A RETURN FOR THE SIX MONTH PERIOD ENDING DECEMBER 31, 2011 WAS FILED AND IS REFLECTED IN COLUMN (C)2011 THE PREVIOUS TWO YEARS ARE FOR THE YEARS ENDING JUNE 30, 2010 THROUGH 2011 COLUMN (E) REFLECTS THE YEAR ENDED DECEMBER 31, 2013

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC	51-0120256

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	17,084,257	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,084,257	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	608,143	1,000,000	1,000,000	3,608,143
b Lobbying ceiling amount (150% of line 2a, column(e))					5,412,215
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	152,036	250,000	250,000	902,036
e Grassroots ceiling amount (150% of line 2d, column (e))					1,353,054
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		327,425		327,425
b Buildings		7,662,703	4,830,670	2,832,033
c Leasehold improvements				
d Equipment		941,721	889,657	52,064
e Other		3,259,009	2,534,052	724,957
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,936,479

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION	880,852
POST RETIREMENT BENEFIT OBLIGATION	425,551
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,306,403

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	24,239,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,513,867		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-111,284		
e	Add lines **2a** through **2d**			2e	2,402,583
3	Subtract line **2e** from line **1**			3	21,836,892
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,394		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	64,394
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	21,901,286

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	17,103,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,014		
e	Add lines **2a** through **2d**			2e	3,014
3	Subtract line **2e** from line **1**			3	17,100,750
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,394		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	64,394
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	17,165,144

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	NACHRI HAS REVIEWED ALL INCOME TAX POSITIONS TAKEN AND APPLIED THE GUIDANCE FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (U S GAAP) WHICH REQUIRES RECOGNITION IN THE FINANCIAL STATEMENTS OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT FOR INCOME TAX POSITIONS MEETING THE MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY NACHRI HAS APPLIED THE UNCERTAIN INCOME TAX POSITIONS GUIDANCE IN U S GAAP TO ALL INCOME TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AT YEAR-END AND HAS DETERMINED THAT NO ACCRUED LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS WAS NECESSARY
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN IN EQUITY IN VPS -111,284
PART XII, LINE 2D - OTHER ADJUSTMENTS	BENEFIT CHANGES OTHER THAN NET PERIODIC COST 3,014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MONROE CARELLL JR CHILDREN'S HOSPITAL AT VANDERBILT 2200 CHILDRENS WAY NASHVILLE,TN 37232	62-0476822	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS
(2) MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA,WA 98415	94-3030039	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS
(3) ALEXIAN BROTHERS FOUNDATION 1555 BARRINGTON RD HOFFMAN ESTATES,IL 60169	36-4251846	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(4) CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 601 CHILDRENS LANE NORFOLK,VA 23507	54-0506321	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(5) COOK CHILDREN'S HEALTH FOUNDATION 801 7TH AVE FORT WORTH,TX 76104	75-2051649	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(6) MISSION HEALTHCARE FOUNDATION 890 HENDERSON RD ASHVILLE,NC 28803	56-1881331	501(C)(3)	19,000				HOSPITAL PLAY PROJECTS
(7) PRIMARY CHILDREN'S HOSPITAL FOUNDATION PO BOX 58249 SALT LAKE CITY,UT 84158	80-0225150	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(8) MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER INC 47010 WATERS AVE SAVANNAH,GA 31404	31-1126469	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(9) AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON,OH 44308	34-0714357	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(10) WOLFSON CHILDREN'S HOSPITAL 800 PRUDENTIAL DR JACKSONVILLE,FL 32207	59-0747311	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS
(11) LA RABIDA CHILDREN'S HOSPITAL 6501 SOUTH PROMONTORY DR CHICAGO,IL 60649	36-2170143	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NACHRI USES A COMPETITIVE APPLICATION PROCESS FOR ITS PLAY GRANTS, AND HAS A REVIEW COMMITTEE COMPOSED OF CHILD LIFE, DEVELOPMENT, AND PROGRAM EXPERTS TO SCORE THE APPLICATIONS ACCORDING TO MERIT THE TOP-RANKED APPLICATIONS WERE SELECTED FOR GRANTS GRANTEES ARE REQUIRED TO SUBMIT 6-MONTH AND FINAL REPORTS THAT INCLUDE BUDGET INFORMATION, AND MUST ALSO EXPLAIN ANY CHANGES TO THEIR ORIGINAL PROJECT GRANT APPLICATION, IN TERMS OF HOW THE FUNDS WERE ULTIMATELY USED

Additional Data

Software ID:
Software Version:
EIN: 51-0120256
Name: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE CARELLL JR CHILDREN'S HOSPITAL AT VANDERBILT 2200 CHILDRENS WAY NASHVILLE,TN 37232	62-0476822	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA,WA 98415	94-3030039	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALEXIAN BROTHERS FOUNDATION 1555 BARRINGTON RD HOFFMAN ESTATES,IL 60169	36-4251846	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 601 CHILDRENS LANE NORFOLK,VA 23507	54-0506321	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COOK CHILDREN'S HEALTH FOUNDATION 801 7TH AVE FORT WORTH,TX 76104	75-2051649	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION HEALTHCARE FOUNDATION 890 HENDERSON RD ASHVILLE,NC 28803	56-1881331	501(C)(3)	19,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRIMARY CHILDREN'S HOSPITAL FOUNDATION PO BOX 58249 SALT LAKE CITY, UT 84158	80-0225150	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER INC 47010 WATERS AVE SAVANNAH,GA 31404	31-1126469	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON,OH 44308	34-0714357	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOLFSON CHILDREN'S HOSPITAL 800 PRUDENTIAL DR JACKSONVILLE,FL 32207	59-0747311	501(C)(3)	15,000				HOSPITAL PLAY PROJECTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA RABIDA CHILDREN'S HOSPITAL 6501 SOUTH PROMONTORY DR CHICAGO,IL 60649	36-2170143	501(C)(3)	17,000				HOSPITAL PLAY PROJECTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	NACHRI'S PRESIDENT/CEO AND SENIOR VICE PRESIDENT RECEIVED GROSS-UP PAYMENTS TO COVER TAXES ON THEIR TRAVEL INCOME DURING THE YEAR THESE GROSS-UP PAYMENTS WERE INCLUDED IN TAXABLE INCOME
PART I, LINES 4A-B	THE INDIVIDUALS LISTED BELOW RECEIVED THE FOLLOWING SEVERANCE PAYMENTS AS A RESULT OF A SEPARATION OF SERVICE FROM THE ORGANIZATION LAWRENCE MCANDREWS $458,240 MARY GORMAN $252,083 MARK RILEY $182,292 THE FOLLOWING EMPLOYEES RECEIVED DISTRIBUTION FROM THE NACHRI 457F PLAN THE AMOUNTS WERE INCLUDED IN BOX 5 OF THEIR 2013 W-2 MARY GORMAN $18,735 MILTON KAUFMAN $3,097 JOHN MULDOON $2,876
PART I, LINE 7	MARK WIETECHA'S COMPENSATION AGREEMENT ALLOWS FOR AN ANNUAL BONUS OF UP TO 35% OF BASE SALARY, WITH THE ACTUAL AMOUNT DETERMINED BY THE BOARD
SCHEDULE J, LINE 3	THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC (NACHRI) ACTS AS THE "COMMON PAYMASTER" FOR NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH) NACHRI ISSUES ALL W-2S FOR ALL EMPLOYEES OF THIS GROUP THE W-2S ARE REPORTED ONLY ON THE NACHRI RETURN, WHILE COMPENSATION ALLOCATED BY TIME-SPENT IS REPORTED ON THE NACHRI AND NACH RETURNS THE PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND STAFF IS DONE THROUGH THE NACHRI BOARD THEREFORE, ALL QUESTIONS REGARDING COMPENSATION POLICY ARE ANSWERED ON THE NACHRI RETURN

Additional Data

Software ID:
Software Version:
EIN: 51-0120256
Name: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK WIETECHA PRESIDENT & CEO/EX-OFFICIO	(I) (II)	138,452 415,355	50,313 150,938	18,704 56,111	31,992 95,977	6,673 20,020	246,134 738,401	0 0
CAROL CITRON DIRECTOR, FINANCE	(I) (II)	170,145 8,955	14,250 750	337 18	13,787 726	4,126 217	202,645 10,666	0 0
AMY KNIGHT SR VICE PRESIDENT	(I) (II)	179,460 219,341	29,475 36,025	17,925 21,909	9,450 11,550	10,725 13,109	247,035 301,934	0 0
JOHN MULDOON VP (FORMER KEY) SENIOR FEL	(I) (II)	207,174 0	24,100 0	28,007 0	19,125 0	18,857 0	297,263 0	2,876 0
ELLEN SCHWALENSTOCKER SENIOR FELLOW	(I) (II)	171,100 0	16,600 0	1,108 0	13,898 0	2,217 0	204,923 0	0 0
GILLIAN RAY VP, EXTERNAL AFFAIRS	(I) (II)	171,485 0	16,500 0	260 0	14,212 0	23,720 0	226,177 0	0 0
DONNA SHELTON VP, RESEARCH	(I) (II)	158,698 0	13,500 0	568 0	13,013 0	9,568 0	195,347 0	0 0
CURTIS FISHER DIRECTOR, WEB APPLICATIONS	(I) (II)	141,847 0	12,200 0	159 0	11,295 0	1,510 0	167,011 0	0 0
LAWRENCE MCANDREWS FORMER PRESIDENT & CEO	(I) (II)	0 0	0 0	471,101 0	68,770 0	0 0	539,871 0	68,770 0
MARY GORMAN FORMER SR VICE PRESIDENT	(I) (II)	0 0	16,500 0	317,053 0	0 0	0 0	333,553 0	0 0
MARK RILEY FORMER VP, HUMAN RESOURCES	(I) (II)	0 0	7,900 0	218,308 0	0 0	2,500 0	228,708 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NATIONAL ASSOCIATION OF CHILDRENS' HOSPITALS	COMMON BOARD MEMBERS	1,418,145	SHARING OF FACILTIES		No
(2) NATIONAL ASSOCIATION OF CHILDRENS' HOSPITALS	COMMON BOARD MEMBERS	2,014,082	SHARING OF EMPLOYEES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	NACHRI'S BOARD OF TRUSTEES CONSISTS OF THOSE PERSONS WHO SERVE AS TRUSTEES OF NACHRI'S SOL E MEMBER, THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (N A C H), A RELATED 501(C)(6) ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP MAY APPROVE VARIOUS DECISIONS OF THE GOVERNING BOARD
FORM 990, PART VI, SECTION B, LINE 11	AN OUTSIDE FIRM PREPARES THE TAX RETURN IT IS THEN REVIEWED BY STAFF ONE WEEK BEFORE FIL ING, THE ENTIRE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES CAROL CITRON RECEIVES CO MMENTS BACK AND CLEARS THESE UP PRIOR TO FILING A FINAL RETURN
FORM 990, PART VI, SECTION B, LINE 12C	PERIODICALLY, THE BOARD OF TRUSTEES MUST FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND ALSO SUBMIT TO BACKGROUND CHECKS OF VARYING DEGREES THE RESULTS ARE REVIEWED BY THE CEO AND ALSO THE EXTERNAL AUDITORS AT THE START OF ALL BOARD AND COMMITTEE MEETINGS, THE PART ICIPATING MEMBERS ARE ASKED TO DECLARE ANY CONFLICT OF INTEREST ACCORDINGLY PERIODICALLY, ALL STAFF MUST FILL OUT A CONFLICT OF INTEREST FORM AND MUST ADHERE TO THE ASSOCIATION'S CONFLICT OF INTEREST POLICY ANY CONFLICTS OF INTEREST ARE RESOLVED AS APPROPRIATE THE HU MAN RESOURCE DEPARTMENT ENCOURAGES STAFF TO BRING ANY SITUATIONS TO THEIR ATTENTION AND MA KE PROMPT AND FULL DISCLOSURE OF ANY POTENTIAL SITUATIONS THAT MAY INVOLVE A CONFLICT OF I NTEREST THE POLICY IS INCLUDED IN OUR EMPLOYEE MANUAL AND WHISTLEBLOWER POLICY
FORM 990, PART VI, SECTION B, LINE 15	THE CURRENT PRESIDENT AND CEO WAS HIRED IN SEPTEMBER 2011 AND A SENIOR VICE PRESIDENT WAS HIRED IN DECEMBER 2011 THIS PROCESS INVOLVED A NATIONAL SEARCH FIRM THAT WAS CLOSELY MONI TORED BY A TASK FORCE AND THE BOARD OF TRUSTEES IN ADDITION, THE GOVERNANCE COMMITTEE ALS O ACTS AS THE COMPENSATION COMMITTEE AND REVIEWS ALL COMPENSATION RELATED MATTERS THE CEO AND SENIOR VICE PRESIDENT'S COMPENSATION WAS BASED ON MARKET COMPARABLES OF SIMILAR SIZED ORGANIZATIONS AND RESPONSIBILITIES THE COMPENSATION IS ALSO INCLUDED IN A WRITTEN EMPLOY MENT AGREEMENT NO INCREASES OCCURRED FOR THESE POSITIONS IN 2012 AND THE CEO RECEIVED A 2 % INCREASE IN 2013 A COMPLETE REVIEW OF ALL SALARIES IS PLANNED FOR 2014 ANY INCREASES W OULD BE RECOMMENDED BY THE GOVERNANCE COMMITTEE TO THE FULL BOARD FOR APPROVAL IN EXECUTIV E SESSION WITHOUT THE CEO PRESENT FOR ALL OTHER STAFF, THE ASSOCIATION PERIODICALLY ENGAG ES AN OUTSIDE CONSULTANT FOR COMPENSATION STUDIES TO REVIEW ALL JOB DESCRIPTIONS AND SALAR IES THIS CONSULTANT HAS EXPERTISE IN THE NON-PROFIT AND HEALTH FIELDS AND IS VERY FAMILIA R WITH THE COMPENSATION PRACTICES THE CONSULTANT REVIEWS THE COMPENSATION OF OTHER NATION AL ASSOCIATIONS AND PEER GROUPS SELECTED SENIOR STAFF WERE GIVEN RAISES AS A RESULT OF A CONSOLIDATION OF POSITIONS AND THESE WERE REVIEWED BY THE GOVERNANCE COMMITTEE A FORMAL E VALUATION OF ALL CURRENT SALARIES IS PLANNED FOR THE 2014 YEAR ALL OTHER STAFF RECEIVED M INIMAL INCREASES IN LINE WITH THE MOST RECENT COMPENSATION STUDIES COMPLETED
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE D OCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR
FORM 990, PART XI, LINE 9	BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST -3,014 EQUITY IN VPS -111,284
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC 600 13TH STREET NW SUITE 500 WASHINGTON, DC 20090 58-2176067	ASSIST CHILDREN'S HOSPITALS IN COMMON BUS INTEREST AND ECONOMIC WELFARE	GA	501 (C)(6)				No
(2) CHILD HEALTH PATIENT SAFETY ORGANIZATION INC 6803 WEST 64TH STREET SUITE 208 OVERLAND PARK, KS 66202 27-0386722	IMPROVE SAFETY OF CHILDREN'S HOSPITALS BY SHARING DATA & EXPERIENCES	KS	501 (C)(3)	509(A)(2)			No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHILD HEALTH CORPORATION OF AMERICA 6803 WEST 64TH STREET STE 308 SHAWNEE MISSION, KS 66202 52-1421302	HOSPITAL BUSINESS ALLIANCE TO BETTER SERVE CHILDREN	KS	N/A	C					No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	N	1,418,145	CASH
(2) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	O	2,014,082	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation